

**Missouri State Library**  
**APPLICATION FOR FY07 STATE AID GRANT – *CONSOLIDATED* Library District**

Date: \_\_\_\_\_ City: \_\_\_\_\_

Fiscal Year of this report: From \_\_\_\_\_ to \_\_\_\_\_

1	Name of Library taxing district:	
2	If library is part of a regional library, please give name:	
3	Name of Librarian:	
4	Address of library's main office (street address, P.O. Box, city, zip code):	
5	County:	
6	Phone number:	
7	Amount of State Aid funds received during fiscal year of this report: \$ Do NOT include Equalization or Athlete & Entertainer tax funds received.	
8	How were these funds expended? <input type="checkbox"/> Library Collection <input type="checkbox"/> Other, please describe: <input type="checkbox"/> Equipment <input type="checkbox"/> Operations <input type="checkbox"/> Personnel <input type="checkbox"/> Programs	
<b>THE FOLLOWING TO BE COMPLETED BY CERTIFYING OFFICIAL:</b>		
9	OFFICIAL POPULATION of City. (2000 U.S. Census figure will be provided by State Library).	XXXXXX
10	TOTAL ASSESSED VALUATION of Library District for the last full fiscal year:	\$
11	ACTUAL consolidated library district TAX RATE set by the Library Board and levied during fiscal year of this report (on \$100 valuation):	\$
12	LIBRARY TAX INCOME for fiscal year of this report: Report actual amount <u>COLLECTED</u> on assessed valuation and include delinquent and intangible taxes.	
	County:	\$
	County:	\$
	County:	\$
13	Consolidated library district tax rate when consolidated:	\$
14	Consolidated library district tax rate suggested by State Auditor's Office for compliance with HANCOCK Amendment during fiscal year of this report:	\$
15	What is the current tax rate as <u>approved by the voters</u> ?	\$
16	If Line 11 is less than 10¢, or less than the amount reported on Line 13 or Line 14, state the reason for the reduction: <input type="checkbox"/> Reduction due to Hancock rollback <input type="checkbox"/> Voluntary reduction determined by Library Board <input type="checkbox"/> Other (please state):	
17	<b>CERTIFICATION (by County Official)</b>	
	I certify that the information I have reported above is true and correct.	
	County:	Signature, Title and Phone number of County official providing information
	County:	Signature, Title and Phone number of County official providing information
	County:	Signature, Title and Phone number of County official providing information

**CERTIFICATION (by Library Officials):**

We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.

We fully understand that State Aid to public library funds is reported as state matching funds by the Missouri State Library to qualify for federal grant monies, and therefore, may not be reported by an individual library as matching funds for any other federal grant.

\_\_\_\_\_  
Librarian

\_\_\_\_\_  
Treasurer of Library Board\*

*\*Required by RSMO 181.060.3 Please see  
instructions if anyone other than Treasurer signs this form.*

**NOTARY:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2006

My commission expires \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**DEADLINE:** Applications must be signed, notarized, and postmarked on or before June 30, 2006, to be eligible for State Aid during the current fiscal year. Faxed applications will NOT be accepted. We recommend certified mail or any other means that will give your proof of date sent.

**Mail to:**

State Aid Application  
Missouri State Library  
600 West Main Street, P.O. Box 387  
Jefferson City, MO 65102-0387